

# FERMILAB BERYLLIUM MEDICAL QUESTIONNAIRE

Name: \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Contractor \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_ Fermilab ID# \_\_\_\_\_

## POTENTIAL BERYLLIUM EXPOSURE SYMPTOMS

Please check any of the following potential symptoms of beryllium exposure that you are experiencing:

Symptoms:	Yes	No	Comment:
Cough	___	___	_____
Chest pain	___	___	_____
Shortness of Breath especially With exertion	___	___	_____
Weight loss	___	___	_____
Fatigue	___	___	_____
Weakness	___	___	_____

**Have you been told you have Sarcoid or Sarcoidosis/ Granulomatous Disease or Scarring?**

Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Have you been told you have an ongoing lung disease?**

Yes \_\_\_ No \_\_\_

If yes, what is the diagnosis: \_\_\_\_\_  
\_\_\_\_\_

**Have you been told you have an abnormal chest X-ray(Tumor, Mass or other pulmonary lesions)?**

Yes\_\_\_ No\_\_\_

If yes, explain:\_\_\_\_\_

\_\_\_\_\_

**Have you been told you have an abnormal pulmonary function test (breathing test)?**

Yes\_\_\_ No\_\_\_

If yes, explain:\_\_\_\_\_

\_\_\_\_\_

**Comments:**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_